

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005075

FILED
Mar 27, 2009
Secretary of State

Entity Name: MOUNT HOREB BAPTIST CHURCH INCORPORATED

Current Principal Place of Business:

584 THORNBERRY ROAD
ORANGE PARK, FL 32073

New Principal Place of Business:

2815-C BOLTON ROAD
ORANGE PARK, FL 32073

Current Mailing Address:

P.O. BOX 66015
ORANGE PARK, FL 32065

New Mailing Address:

2815-C BOLTON ROAD
ORANGE PARK, FL 32073

FEI Number: 54-2067501

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMMONS, ELIJAH K
584 THORNBERRY ROAD
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIMMONS, ELIJAH K
Address: P.O. BOX 66015
City-St-Zip: ORANGE PARK,, FL 32065

Title: S () Delete
Name: SIMMONS, JACQUELINE
Address: P.O. BOX 66015
City-St-Zip: ORANGE PARK, FL 32065

Title: VP () Delete
Name: PERKINS, MICHAEL
Address: P.O. BOX 66015
City-St-Zip: ORANGE PARK, FL 32065

Title: T () Delete
Name: WILLIS, JOYCE
Address: P.O. BOX 66015
City-St-Zip: ORANGE PARK, FL 32065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SIMMONS, ELIJAH K
Address: 2815-C BOLTON ROAD
City-St-Zip: ORANGE PARK,, FL 32073

Title: S (X) Change () Addition
Name: SIMMONS, JACQUELINE
Address: 2815-C BOLTON ROAD
City-St-Zip: ORANGE PARK, FL 32073

Title: VP (X) Change () Addition
Name: PERKINS, MICHAEL
Address: 2815-C BOLTON ROAD
City-St-Zip: ORANGE PARK, FL 32073

Title: T (X) Change () Addition
Name: WILLIS, JOYCE
Address: 2815-C BOLTON ROAD
City-St-Zip: ORANGE PARK, FL 32073

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIJAH SIMMONS

P

03/27/2009

Electronic Signature of Signing Officer or Director

Date